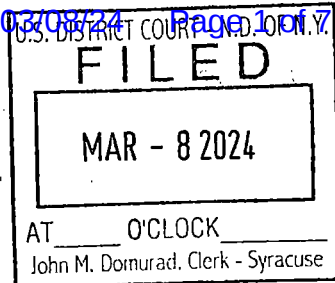


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



NYQUEST ALLEN

Plaintiff(s),

v.

ONONDAGA COUNTY SHERIFF, COUNTY OF
ONONDAGA, STATE OF NEW YORK
Defendant(s).

COMPLAINT
(Pro Se Prisoner)

Case No. 9:24-cv-332
(Assigned by Clerk's
Office upon filing)

Jury Demand

☒ Yes
☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore **not** contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)
☐ Other (please specify) _____

II. PLAINTIFF(S) INFORMATION

Name: NYQUEST ALLEN
 Prisoner ID #: 15000405
 Place of detention: ONONDAGA COUNTY JUSTICE CENTER
 Address: 555 S. STATE ST.
SYRACUSE, NY 13202

Indicate your confinement status when the alleged wrongdoing occurred:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

III. DEFENDANT(S) INFORMATION

Defendant No. 1: ONONDAGA COUNTY SHERIFF'S OFFICE
 Name (Last, First)
Deputy's
 Job Title
555 South State Street
 Work Address
Syracuse New York 13202
 City State Zip Code

Defendant No. 2: Sanderson
 Name (Last, First)
Onondaga County Deputy's
 Job Title

555 South State Street
 Work Address

Syracuse NY 13202
 City State Zip Code

Defendant No. 3:

Murphy
 Name (Last, First)

Onondaga county deputy
 Job Title

555 South State Street
 Work Address

Syracuse New York 13202
 City State Zip Code

Defendant No. 4:

Apple
 Name (Last, First)

Onondaga county deputy
 Job Title

555 South State Street
 Work Address

Syracuse New York 13202
 City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

On the date of 1-7-24 A Refusal to lock in was called in monadaga county justice center Special housing unit protective custody. AS (SERT) team's deputy's Sanderson Murphy and Apples was who responded I (Nuequest Allen) complied with order's and layed on the floor as I am on the ground (Sanderson & Murphy) hand cuffed me while this was going on I alert deputy sanderson My cuff's were (Violently) tight and if he could loosen them they ignored My request

V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

As (Selt) team proceeds to take Me to the big box that's when I noticed (Selt) did ~~(not)~~ have a camera present as they escort Me to the big box which is (Onondaga County Rules for Selt) so if anything happens that deputy's did or do have proof other wise. As I get to the big box I was layed on a mattress inside (A) cell as Sanderson & Murphy start to take My cuffs off I said Ah My wrist you hurting Me that's when the assault started while Sanderson Murphy & Apples held Me down Sanderson & Murphy used ~~their~~ fist & knee as if they were weapons hitting Me over & over again so much I needed medical attention. As nurse (Kate) came she noticed several swelling to My head & Face I asked nurse (Kate) who just seen Me the night before about a abscess in My mouth I asked nurse (Kate) My Face wasn't just like this? was it? she then states (on camera) No it was not!! The reason Why I asked is cause I noticed that one of the deputy's had a camera out at that (Moment!!)

Nyequest Allen
Claimant, pro se

Dated: ~~3/8/24~~

On the next day 1-8-24 a nurse who name I don't know that well seen Me about the severe Swelling on my left side of my face a cut on my right ear & the Mark's on both wrists. How how violently tight the cuffs were but she had to schedule for x-ray's on my head & left wrist to make sure there wasn't a fracture. On the date of 1-9-24 I called human rights to tell them what happened to me I told her names of inmates who where & still are willing to speak up about what they saw & heard those names are Zayvon Radloff Clyde Gerbrick (Zayvon) was in 21 cell & saw everything (Clyde) was in 31 cell and only heard but told Mental Health worker (Adam) who I will call for a witness as well as (Kate) & the other's I mentioned I would also like to state that these Onondaga deputy's have history of hitting assaulting & using excessive force I wrote NYS commission of correction's in Albany NY Human Rights worker seen & noted the Mark's & scars from the after effect Mental health worker (Adam) noted about my scars on my wrists. Here we are in (2-4-24) & (I still have Mark's on left & right wrist) I am prepared to (pro se.) A 1983 civil lawsuit against New York state Onondaga county deputy's (Sanderson Murphy & Apples) for violating my (Eighth Amendment) Pain & suffering physical & Mental pain I still can't hear out of my left ear I am always depressed & now it's more like NightMare's I am seeking (remedy's for ~~psychological~~ ~~trauma~~) ~~psychological~~ ~~trauma~~ Request Alien ~~Clas Hart~~ Pto Se

(Cruel & unusual punishment)

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asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

FIRST CLAIM

EXCESSIVE FORCE

SECOND CLAIM

FAILURE TO PROTECT

THIRD CLAIM

CRUEL & UNUSUAL PUNISHMENT
PAIN & SUFFERING

VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case.

Remedy's for pain & suffering physical
and mental pain CRUEL & UNUSUAL PUNISHMENT
\$ 3 Million

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 3-1-24

Nyquest Allen

Plaintiff's signature

(All plaintiffs must sign the complaint)